## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2011 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  REMINDIANA INC    NAME OF PROVIDER OR SUPPLIER   REMINDIANA INC    NAME OF PROVIDER OR SUPPLIER   REMINDIANA INC    NAME OF PROVIDER OR SUPPLIER   SUBMARRY STATEMENT OF DEFICIENCIES   PROVIDERS FLAN OF CORRECTION FLAN OR SUPPLIES   PROVIDERS FLAN OF CORRECTION FLAN OR SUCILISATION OF PREFIX (PROVIDERS FLAN OF CORRECTION FLAN OR SUCILISATION OF PREFIX (PROVIDERS FLAN OF CORRECTION FLAN OR SUCILISATION OF PREFIX (PROVIDERS FLAN OF CORRECTION FLAN OR SUPPLIES FLAN OR CHARACTER)   NO	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
MAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC  (X4.)ID  (X4.)ID  (REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  This visit was for a post certification revisit (PCR) to a fundamental recertification and state licensure survey completed on 0.9/16/2011.  This visit was for a find and 17, 2011  Facility number: 001009  Provider number: 15G495  AIM number: 100244970  Surveyor: Brenda Nunan, RN, Public Health Nurse Surveyor III  REM was found to be in compliance with 42 CFR, Part 483, Subpart I and 460 IAC 9 in regard to the PCR to the recertification and state licensure survey.  Quality Review completed 11-29-11 by C. Neary,									
REM-INDIANA INC    SUMMARY STATEMENT OF DEFICIENCIES   IDIANAPOLIS, IN 46220	15G495			B. WIN	B. WING		11/17/2011		
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   ROSS-REFERENCED TO THE APPROPRIATE   CROSS-REFERENCED T					6338 GRAHAM RD				
This visit was for a post certification revisit (PCR) to a fundamental recertification and state licensure survey completed on 09/16/2011.  This visit was done in conjunction with an investigation of complaint # IN00099571.  Dates of Survey: November 16 and 17, 2011  Facility number: 001009 Provider number: 15G495 AIM number: 100244970  Surveyor: Brenda Nunan, RN, Public Health Nurse Surveyor III  REM was found to be in compliance with 42 CFR, Part 483, Subpart I and 460 IAC 9 in regard to the PCR to the recertification and state licensure survey.  Quality Review completed 11-29-11 by C. Neary,	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
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PCR to the recertification and state licensure survey.  Quality Review completed 11-29-11 by C. Neary,		to a fundamental recelicensure survey com  This visit was done in investigation of comp  Dates of Survey: Nov  Facility number: 0010  Provider number: 15  AIM number: 100244  Surveyor:  Brenda Nunan, RN, FIII	ertification and state pleted on 09/16/2011. I conjunction with an laint # IN00099571. I comber 16 and 17, 2011 I compared to the state of the state						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LAPORATORY	Part 483, Subpart I ai PCR to the recertifical survey.  Quality Review comp Program Coordinator	nd 460 IAC 9 in regard to the tion and state licensure leted 11-29-11 by C. Neary,			TITLE		(YE) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.